

**Northwestern Memorial Hospital – Pathology Department
Clinical Specimen Release Request**

NMHuse: **CSRC-**

Contact Information:

Requester (Please Print):		Date:
Phone:	Pager:	Email:
Principal Investigator:		Associated Pathologist (If applicable):

Purpose:

<input type="checkbox"/> Cooperative Group <input type="checkbox"/> Clinical Trial <input type="checkbox"/> Translational Research <input type="checkbox"/> Other Research	Protocol #/Study Name: IRB#:	IRB exp date*:
NMH Research Account#	<input type="checkbox"/> Account Pending	

IF ORIGINAL SLIDES ARE RELEASED, ALL ORIGINAL MATERIAL MUST BE RETURNED TO NMH WITHIN THREE MONTHS.

*Researcher is required to provide updated IRB approval letter to pathspec@nmh.org.

Please Attach the Following:

- **Project summary** (½ page maximum)
- **Detailed description of use of material** (include a specific list of antibodies, molecular tests, cytogenetic studies, etc.)
- **List of personnel approved to receive requested material**

For Pathology Department Use Only

Approved		Denied	
Signature:		Date:	
Approval Comments:			
<input type="checkbox"/> Amount of material is dependent on amount available, at the pathologists' discretion. <input type="checkbox"/> Only resection material. <input type="checkbox"/> Needle core biopsies excluded.			
Services Performed by:			
<input type="checkbox"/> NMH Pathology Department		<input type="checkbox"/> NU Pathology Core Facility	

Completed forms and questions may be submitted via email to pathspec@nmh.org
or faxed to 312.926.4826

Material Requested:

Anatomic Site:

Tissue Type:

Paraffin tissue:

Unstained Slides: _____ cut @ _____ μ
Limit 10 for banking (# Slides)

Stained Slides: _____ H&E
(# Slides) Other: _____

Tube (Molecular Studies): _____ cut @ _____ μ
(# Sections)

Bone Marrow Aspirate _____ mL **Tube Type:** _____
_____ mL **Tube Type:** _____
_____ mL **Tube Type:** _____

Unstained Slides
_____ Peripheral Smears
_____ Aspirate Smears
_____ Touch Preps
_____ Core Biopsy
_____ Clot Biopsy

Stained Slides (Please specify stain):
_____ Peripheral Smears _ Iron _ WG _ Other _____
_____ Aspirate Smears _ Iron _ WG _ Other _____
_____ Touch Preps _ Iron _ WG _ Other _____
_____ Core Biopsy _ Iron _ H&E _ Other _____
_____ Clot Biopsy _ Iron _ H&E _ Other _____

Serum

Plasma

Fresh Tissue

Anatomic Site:

Tissue Type:

Amount:

Special Handling:

Approved personnel for pick up (pagers):

Approved personnel to transport:

Other Material: (Please Describe)

Accrual Goal:

Pathology Services Requested:

Retrieval from archives

Staining

Cutting

Other

(Please describe):

NOTE: Patient care regulatory guidelines and Federal law (CAP, CLIA, NCI) mandate that material released for research purposes cannot compromise patient care. Therefore, paraffin blocks cannot be exhausted to fulfill requests for material. Release of the material is at the discretion of the Northwestern Memorial Hospital Pathology Department.

Requester Signature: _____
(Signature not required if form is submitted electronically)

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or faxed to 312.926.4826